FORM D HTED STATES OMB Number: 3235-0076 D EXCHANGE COMMISSION Expires: April 30, 2008 ington, D.C. 20549 Estimated average burden hours per response16.00 FORM D SEC USE ONLY NOTICE OF SALE OF SECURITIES OCT 13 2006 Prefix Serial PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION DATE RECEIVED Name of Offering ((), check if this is an amendment and name has changed, and indicate change.) Community Bank Investors of America, LP Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 □ Rule 506 ☐ Section 4(6) T ULOE Type of Filing: New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer: Name of Issuer: (check if this is an amendment and name has changed, and indicate change.) Community Bank Investors of America, LP Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 2500 Lander Court, Midlothian, Virginia 23113 804-378-2270 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business: PROCESSED Private Investment Fund Type of Business Organization other (please specify): corporation limited partnership, already formed ■ business trust limited partnership, to be formed THONSON

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et. seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Month

0

Year

6

0

(Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada: FN for other foreign jurisdiction)

FINANCIAL

☐ Estimated

E

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - \bullet $\;\;$ Each general and managing partner of partnership issuers.

| Check Box(es) that Apply | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☑ General and/or Managing Partner | |
|--|------------------|----------------------------|---------------------------|----------------------|-----------------------------------|--|
| Full Name (Last name first, if individual) FA Capital, LLC | | | | | | |
| Business or Residence Add 2500 Lander Court, Midle | ,, | ber and Street, City, Sta | te, Zip Code) | , | | |
| Check Box(es) that Apply | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☐ Director | ☐ General and/or Managing Partner | |
| Full Name (Last name first Timothy A. Anonick (office | • | LLC) | | | | |
| Business or Residence Add 2500 Lander Court, Midb | | ber and Street, City, Star | te, Zip Code) | | | |
| Check Box(es) that Apply | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☐ Director | ☐ General and/or Managing Partner | |
| Full Name (Last name first | | | 1 11 1 | | | |
| Laurence C. Fentriss (offi | * | , LLC) | | | | |
| Business or Residence Add 2500 Lander Court, Midle | Ď , | ber and Street, City, Stat | te, Zip Code) | | | |
| Check Box(es) that Apply | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner | |
| Full Name (Last name first | if individual) | | | | | |
| Business or Residence Add | ress (Num | ber and Street, City, Stat | te, Zip Code) | | • | |
| Check Box(es) that Apply | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner | |
| Full Name (Last name first | , if individual) | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | |
| Check Box(es) that Apply | ☐ Promoter | ☐ Beneficial Owner | Executive Officer | ☐ Director | ☐ General and/or Managing Partner | |
| Full Name (Last name first | if individual) | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | |
| Check Box(es) that Apply | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner | |
| Full Name (Last name first, | if individual) | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | |
| | (Use blant | k sheet, or copy and us | e additional copies of th | is sheet, as necess: | агу) | |

| | | ř. | | В, І | NFORMA | ATION AB | OUT OFFER | ING | | | | |
|---|-----------------------------------|----------------|-----------------|-------------------|----------------|---------------|------------------|---------------|----------------|-----------|----------------|------------------------|
| 1. H | as the issuer sol | d, or does | the issuer in | itend to sell, to | non-accre | edited invest | tors in this off | ering? | •••• | | Yes □ | No |
| | | \$ 5 | | Answer also | o in Apper | ıdix, Columi | n 2, if filing u | nder ULOE | | | | |
| 2. W | hat is the minin | num inves | tment that w | | • • | , , | | | | | \$100 | 000 |
| | (Issuer reserves | the right (| o sell fraction | nal units or into | erests.) | | | | | | Yes | No. |
| 3. Does the offering permit joint ownership of a single unit? | | | | | | | 🛛 | | | | | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | ; | | | | |
| | ame (Last name son & Strudwi | | dividual) | | | , | | • | | | | |
| | ss or Residence st Main Street | | | | State, Zip | Code) | | | | | | |
| | of Associated B | | ealer | | | | | | . | | | . |
| States i | n Which Persor | Listed H | as Solicited | or Intends to S | Solicit Pure | chasers | · · · · · | | | | | |
| | (Check "All | States" or | check indiv | idual States) | | | | | | ********* | □ Al | ! States |
| [AL] | [AK] | [AZ] | [AR] | [CA]XX | [CO] | [CT] | [DE]XX | | [FL]XX | | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY]XX | [LA] | [ME] | [MD] | [MA]XX | [MI]XX | | [MS] | [MO] |
| [MT] [RI] | [NE] [SC] XX | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA]XX | [ND] [WA] | [OH] [WV] | | [OR] [WY] | [PA] XX [PR] |
| | ame (Last name | : | • | 10 | | | | | | | | |
| Busines | ss or Residence | Address | (Number and | a Street, City, | State, Zip | Code) | | | | | | |
| Name o | of Associated B | roker or D | ealer | | | | | | | | | |
| States i | n Which Persor | Listed H | as Solicited | or Intends to S | Solicit Puro | hasers | | | | | | |
| | (Check "All | States" or | ćheck indiv | idual States) | | | | | | | □ Al | 1 States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | | [OR] [WY] | [PA] [PR] |
| | | | | [***] | [0.1] | | [* / · ·] | [(1/1) | | | | |
| ruii Na | ime (Last name | : 11rst, 11 in | dividuai) | | | | | | | | | |
| Busines | ss or Residence | Address | Number and | d Street, City, | State, Zip | Code) | | | | | | |
| Name o | of Associated B | roker or D | ealer - | | | | | • | | | · · | <u> </u> |
| | 1111 | <u> </u> | | | | | | | | | | |
| States i | n Which Person | | | | | | | | | | | |
| [AL] | (Check "All | | | idual States) | | | נממן | [DCl | | [C 4] | | l States |
| [IL] | [N] | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | [DE] [MD] | [DC] [MA] | [FL] [MI] | | [HI] [MS] | [ID] [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [MM] | [NY] | [NC] | [ND] | [OH] | | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [wv] | | [WY] | [PR] |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO | CEEDS | ···· <u>··</u> |
|-----|--|-----------------|---------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate | Amount |
| | Debt | Offering Price | Already Sold |
| | Equity | \$ | \$S |
| | □ Common □ Preferred | | <u> </u> |
| | Convertible Securities (including warrants) | \$ | S |
| | Partnership Interests | | · · · · · · · · · · · · · · · · · · · |
| | Other (Specify) | | 1 |
| | Total | | |
| | Answer also in Appendix, Column 3, if filing under ULOE. | <u> </u> | 4 |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". | | |
| | | | Aggregate |
| | | Number | Dollar Amount |
| | Accredited Investors. | Investors 30 | of Purchases \$ 5,400,000 |
| | Non-accredited Investors | | ` <u> </u> |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| | Type of Offering | Type of | Dollar Amount |
| | Rule 505 | Security | Sold |
| | Regulation A | | \$ |
| | Rule 504 | | 3 |
| | Total | | \$ |
| 4a. | Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate | | 3 |
| | and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | - | \$50,000 |
| | Accounting Fees | | \$ |
| | Engineering Fees, | | \$ |
| | Sales commissions (specify finders' fees separately) | | s |
| | Other Expenses (identify) Placement Fees | | \$ 1,500,000 |
| | Total | | \$ 1,550,000 |

| | C. OFFERING PRIC | E, NUMBER OF INVESTORS, EXPENSES AND USE OF | <u>PRO</u> | CEEDS | |
|----------------------------|--|--|----------------|-----------------------------------|--|
| b. | Enter the difference between the aggregate expenses furnished in response to Part C - Quissuer." | ıl e | | \$ <u>28,450,000</u> | |
| 5. | Indicate below the amount of the adjusted gr the purposes shown. If the amount for any the left of the estimate. The total of the pay set forth in response to Part C- Question 4.b | 0 | | | |
| | : | | | Payments to Officers, | |
| | | | | Directors, & Affiliates | Payments To Others |
| Sal | aries and fees | | . 🗆 | \$ | \$ |
| Pu | rchase of real estate | | . 🗆 | \$ | \$ |
| Pur | rchase, rental or leasing and installation of mac | hinery and equipment | . 🗆 | \$ | \$ |
| | _ | ilities | | | |
| | | ue of securities involved in this offering that may be used in | _ | - | |
| exc | hange for the assets or securities of another iss | uer pursuant to a merger) | | | \$ <u>28,450,000</u> |
| Repayment of indebtedness | | | | | \$ |
| Working capital (Reserves) | | | | | \$ |
| Otl | ner (specify): | | | | |
| | • • | | . 🗆 | \$ | \$ |
| | | | . 🗆 | \$ | \$ |
| | | | | | |
| Co | | lded) | | | ■ \$ 28,450,000 |
| | · · · · · · · · · · · · · · · · · · · | , | | | <u> </u> |
| | | D. FEDERAL SIGNATURES | | - | |
| sig | nature constitutes an undertaking by the issu- | ned by the undersigned duly authorized person. If this notice er to furnish to the U.S. Securities and Exchange Commission credited investor pursuant to paragraph (b)(2) of Rule 502. | is fi n, up | led under Rule on written requ | 505, the following est of its staff, the |
| | uer (Print or Type) mmunity Bank Investors of America, LP | Signature Date Date | 0/ | 12/06 | |
| Na | me of Signer (Print or Type) | Title of Signer (Print or Type) | | ŀ | |
| | | | | | • |
| Tiı | nothy A. Anonick | Managing Member of FA Capital, LLC, General Partner | of th | e Issuer | |
| | | · | | | |
| | | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | | E. STATE SIGNATURE | | | | |
|-----|---|---|---------------------------|--|--|--|
| 1. | Is any party described in 17 CFR 230.262 pres | ently subject to any of the disqualification provisions of such rule? | Yes No ☐ ☐ N/A - Rule 506 | | | |
| | See Appendix, | Column 5, for state response. | | | | |
| 2. | The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required by | furnish to any state administrator of any state in which this notice is filed, a n state law. | otice on Form D | | | |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. | | | | | |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. | | | | | |
| | e issuer has read this notification and knows the thorized person. | contents to be true and has duly caused this notice to be signed on its behalf by the | e undersigned duly | | | |
| | ommunity Bank Investors of America, LP | Signature Date 10/12/06 | 2 | | | |
| | me (Print or Type) | Title (Print or Type) | | | | |
| Tin | mothy A. Anonick | Managing Member of FA Capital, LLC, General Partner of the Issuer | | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.